PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

P 21288

CLAIMS AS FILED - PART I (Column 1)					-	(Column 2) SMALI			NTITY	OR	OTHER THAN SMALL ENTITY										
TOTAL CLAIMS			21					RATE	FEE	1	RATE	FEE									
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00									
TOTAL CHARGEABLE CLAIMS			21 minus 20=		* /			X\$ 9=		OR	X\$18=	18									
INDEPENDENT CLAIMS			2 minus 3 =		* O			X40=		OR	X80=										
MULTIPLE DEPENDENT CLAIM PRESENT								.125_													
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		+135= TOTAL		OR	+270=	720									
CLAIMS AS AMENDED - PAR					TII			IOIAL	L	OR	TOTAL OTHER	728									
(Column 1)				(Colur	mn 2)	(Column 3)		SMALL ENTITY			SMALL										
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=										
	Independent	*	Minus	***	F CL AINA	= :		X40=		OR	X80=										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT (CLAIM			+135=		OR	+270=										
	٠	· · · · · · · ·					,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE										
	***	(Column 1)	our effect of the following states	(Colui		(Column 3)	1 ,														
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	•									
	Independent	*	Minus	***		=		X40=		OR	X80=										
<u> </u>	FIRST PRESE	NTATION OF MI	JLIIPLE DEF	'ENDEN I	CLAIM	<u>L</u>	ا ا	+135=		OR	+270=										
		• .					-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE										
	-	(Column 1)	•	(Colur		(Cölumn 3)															
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	** *		=		X\$ 9=		OR	X\$18=	;									
	Independent	*	Minus	***		=		X40=		OR	X80=										
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	PENDENT	CLAIM		╏┠	.405													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135= TOTAL		OR	+270=										
***	If the "Highest Nu	mber Previously Pa	aid For" IN THE	S SPACE i	s less tha	n 3, enter "3."	^	DDIT. FEE		** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											